

THE DIVISION OF HEALTH OF THE STATE OF KENTUCKY  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

967  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Carter</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Olive Hill</b> 8/6/58 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Federal Prisoners</b>				Length of stay in 1b <b>44 Days</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Rollie</b> Middle <b>Oney</b> Last <b>Oney</b>				4. DATE OF DEATH Month <b>January</b> Day <b>1</b> Year <b>1958</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>August 14, 1906</b> 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Olive Hill, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Oney (Deceased)</b>				14. MOTHER'S MAIDEN NAME <b>Pearl Oney (Unknown)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>1942-1944</b>		17. INFORMANT <b>File</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cachexia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Meningitis (Tuberculous suspected)</b> DUE TO (c) <b>Tuberculosis of lung, mod. adv., (Susp. as active)</b>							<b>2 Months + Months at least.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ----- <b>002X</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) -----	
20c. TIME OF INJURY Hour <b>8:05</b> a. m. <b>8</b> p. m. <b>05</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>November 18, 1957</b> to <b>January 1, 1958</b> and last saw <b>him</b> alive on <b>1-1-58</b> Death occurred at <b>8:05</b> <b>am</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. A. Hunter</b> (Degree or title) <b>M.D. Clinical Director</b>				22b. ADDRESS <b>Medical Center for Federal Prisoners, Springfield</b>		22c. DATE SIGNED <b>1-1-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-2-58</b>		23c. NAME OF CEMETERY OR CREMATORY -----		23d. LOCATION (City, town, or county) (State) <b>Olive Hill, Kentucky</b>	
24. FUNERAL DIRECTOR <b>AYRE-GOODWIN, Inc. Springfield</b>				25. DATE RECD. BY LOCAL REG. <b>1-6-58</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

JAN 13 1958

### STATEMENT BY LICENSED EMBALMER

S.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Signature of Licensed Embalmer

Licensed Embalmer No. 48

P. O. Address.....  
Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.